

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Meenarachagan Vishnu

Application No.: 09/503,673

Group No.: 2665

Filed: 02/14/2000

Examiner: Thien D. Tran

For: METHOD AND APPARATUS FOR DYNAMIC BITMAP GENERATOR SCHEDULER

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

Applicant is other than a small entity. 2.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee:

\$110.00

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory; Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

X deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

X with sufficient postage as first class mail. 11/01/2004 CCHAU1

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TRANSMISSION

(mandatory)

110.00 OP

Date: 10/27/04

☐ facsimile transmitted to the Patent and Trademark Office, (703)

Tracey L. Milka

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

_	(Col. 1)	(Col. 2)	(Col. 3)	OT	THER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE				ADDIT. FEE	
TOTAL	38	- 38	= 0	х	\$	18.00	=	\$	0.00
INDEP.	10	- 10	= 0	х	\$	88.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM+					\$	0.00	=	\$	0.00
						TOTAL IT. FEE		\$	0.00

No additional fee for claims is required.

FEE PAYMENT

5. Attached is a check in the sum of \$110.00.

A duplicate of this paper is attached.

FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 19-0737.

If an additional fee for claims is required, charge Account No. 19-0737.

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